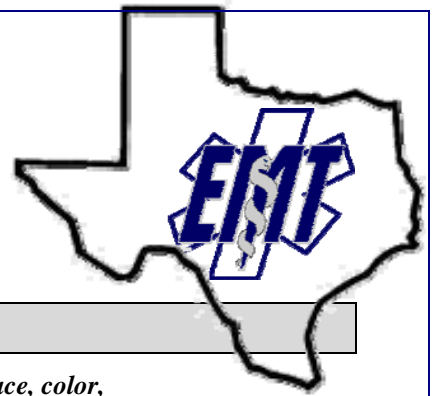


Elite Medical Transport of Texas, LLC
 1000 Texas Avenue – El Paso
 PO Box 12070
 El Paso, TX 79913

Main Telephone: (915) 542-1194
 Fax: 915-613-1693



EMPLOYMENT APPLICATION FORM

Elite Medical Transport (EMT) considers candidates for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

EMT IS A DRUG-FREE WORKPLACE

PERSONAL INFORMATION

Name: _____ Today's Date: _____
 Address: _____ City, State Zip: _____
 Phone Number: _____ Other Phone: _____ Date Available: _____
 Email Address: _____
 How did you find out about this position? _____
 If any, please list relatives or friends employed here: _____

POSITION INFORMATION

Are you at least 21 years old? YES NO. Status Requested? Full Time Part Time
 Position(s) Applying For: _____
 Have you ever been employed by this organization? YES NO. If so, date(s) _____
 Prior position(s): _____ Reason for leaving: _____
 Insert the hours and times of day you are available to work for each day of the week:
 Sun Mon Tues Wed Thu Fri Sat

CERTIFICATION INFORMATION
 (Check all that apply - photocopies required at interview)

	Type of License	Cert/License#	Expires
List Type -Medical Licensure (i.e. Nurse, Paramedic, EMT)			
	Driver's License		
<input type="checkbox"/> CPR	<input type="checkbox"/> ACLS	<input type="checkbox"/> PALS	<input type="checkbox"/> PHTLS
<input type="checkbox"/> NRP	<input type="checkbox"/> TNCC	<input type="checkbox"/> CCRN	<input type="checkbox"/> CCEMTP

WORK REQUIREMENTS & AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Can you provide a list of current immunizations if employed? YES NO

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, had any moving violations, or had your license revoked or suspended? YES NO
If yes, explain:

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO
If yes, explain:

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

EMPLOYER (1):

Name & Address (1) _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone

#: _____ May we contact? YES NO

Reason for leaving: _____

EMPLOYER (2):

Name & Address (2) _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone

#: _____ May we contact? YES NO

Reason for leaving: _____

EMPLOYER (3):

Name & Address (3) _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone

#: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY SERVICE:

Service Branch	Enlisted	Rank/Duties	Discharged

COMPLIANCE HISTORY

Have you ever been:

- | Action Taken | YES | NO |
|---|--------------------------|--------------------------|
| 1. Disciplined or terminated for reckless driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Placed on probation or terminated for excessive absenteeism? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Disciplined or fired for insubordination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Disciplined or fired for violation of safety rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disciplined or fired for assault or fighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Disciplined or fired for harassment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Disciplined or fired for patient abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Disciplined or fired for alcohol or drug related activity at work? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any question above, please explain:

Please Note: Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? YES NO Have you received your GED? YES NO

COLLEGE:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? YES NO Have you received your GED? YES NO

TECHNICAL SCHOOL:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? YES NO Have you received your GED? YES NO

OTHER SCHOOL/TRAINING:

Describe any additional personal or professional qualifications, related employment information that you would like us to know about you or you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your experience and/or education.

Name: _____ Occupation: _____ Phone No. _____
Address: _____

Name: _____ Occupation: _____ Phone No. _____
Address: _____

Name: _____ Occupation: _____ Phone No. _____
Address: _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____